

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mug</i>		7/27/00
O.I.P.E. CLASSIFIER		48	8/1/00
FORMALITY REVIEW		64177	10-11-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	Original
1	7/27/00
2	0
3	0
4	0
5	✓
6	—
7	—
8	✓
9	
10	
11	
12	✓✓
13	✓✓
14	✓✓
15	0
16	✓✓
17	✓✓
18	0 6
19	✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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